ARIZONA STATE BOARD OF HEALTH PLACE OF BIRTH State File No. . BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH Registered No. Township City ip a hospital or institution, give its NAME instead of street and number) 88 If child is not yet named, make supplemental report, as directed for If plural 4. Twin, triplet, or other..... births INK—THIS IS A PERMANENT ARATE REFURN must be made of birth stated. 8, Number, in order of birth Full term (Month, day, year) 9 Full **FATHER** 18, Full name maiden name 10. Residence (usual place of abode) IVV (If nonresident, give place and State)... Residence (usual place of abode) Mil nonfesident, give place and State) 19. Residence 13. Birthplace (city or place)....... 22. Birthplace (city or place) RESERVED (State or country) (State or country) 14. Trade, profession, or particular kind of work done, as apluner, sawyer, bookkeeper, etc...... 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. UNFADING 16. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... 25. Date (month and year)
last engaged in this work
26. Total time (years)
spent in this work. 18. Date (month and year) last engaged in this work WITH 17. Total time (years) spent in this work 벆 28. If stillborn, 29. Cause of stillbirth period of gestation f months Before labor . RITE 1 or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR I hereby certify that I attended the birth of this child, who w When there was no attending physician or midwife, then the father, householder, etc., should make this return. Given name added from a supplemental report Midwife μÓ Registrat.